

TRINITY CHRISTIAN SCHOOL

Student Application 2012-13



Date of Application _____

A. STUDENT INFORMATION

Student's Name: _____ Sex: M _____ F _____
 Last First Middle

Date of Birth: _____ Place of Birth: _____ Ethnicity: _____

Entering Grade: _____ If Kindergarten _____ AM _____ Full Day

Why are you interested in Trinity Christian School?

1. Please provide student's sibling information.

Sibling(s) Name	Age	Grade (if applicable)	School Attending

2. How did you become acquainted with Trinity Christian School?

- Current Family
 Website
 Teacher/Staff
 Open House
 Advertisement -Specify

3. Referring Trinity Parent: _____

B. EDUCATIONAL BACKGROUND

List all schools previously attended beginning with current school:

Name of School	Address	Grade(s)	Year(s)

1. Where does your son/daughter rank academically among classmates?

- Average
 Above Average
 Below Average

2. How does he/she participate in learning activities at school?
 Eagerly
 Acceptingly
 Passively
 Reluctantly

3. Has this student repeated a grade or received failing grades in any subjects.? Please explain _____

4. Has this student skipped a grade? _____ If yes, which grade: _____

5. Briefly describe what you see as strong areas of learning or special interests of your child:

6. Briefly describe your child's extracurricular activities and interests:

7. Does your child have any allergies or any medical disabilities? Please explain. _____

8. Are there any health conditions which have affected or may affect your child's school life? _____

Is child currently taking any medications? _____ At School ? _____

Does child need to wear glasses/contacts? _____

Does child need to wear Hearing Aides? _____

9. Are there any learning/behavioral/emotional or social conditions which have affected or may affect your child's school life? Please check applicable areas: If yes, please explain.

- | | |
|---|---|
| _____ Dyslexia | _____ Specific Learning Disability |
| _____ ADD (Attention Deficit Disorder) | _____ (In Special Education) or (Resource Services) |
| _____ ADHD (Attention Deficit with Hyperactivity) | _____ Remedial Reading (Chapter 1) |
| _____ BD (Behavior Disorder) | _____ Speech/ Language Services |
| _____ RTI (Response to Intervention Tier II or III) | _____ Physical Therapy |
| _____ Social work Services | _____ Occupational Therapy |

10. Does your child have any special concerns, fears, etc? _____

11. Has your child ever been: in serious disciplinary difficulty in school in serious disciplinary difficulty out of school
 suspended expelled asked to withdraw placed in alternative school

12. Has your child ever had a Special Education/Speech Evaluation? Please explain when and why? _____

** Please provide a copy of evaluation report.

13. Has your child ever had or do they currently have an Individual Educational Plan or 504 plan or any other formalized educational plan? _____

(Please attach the entire copy of the most recent, IEP, ISP or 504 plan to this application)

** If your child receives speech/language services, you will most likely be required to transport your child to the public school for those services. _____

(Parent Initial)

Please attach a copy of the most current report card and most current standardized test scores to this application.